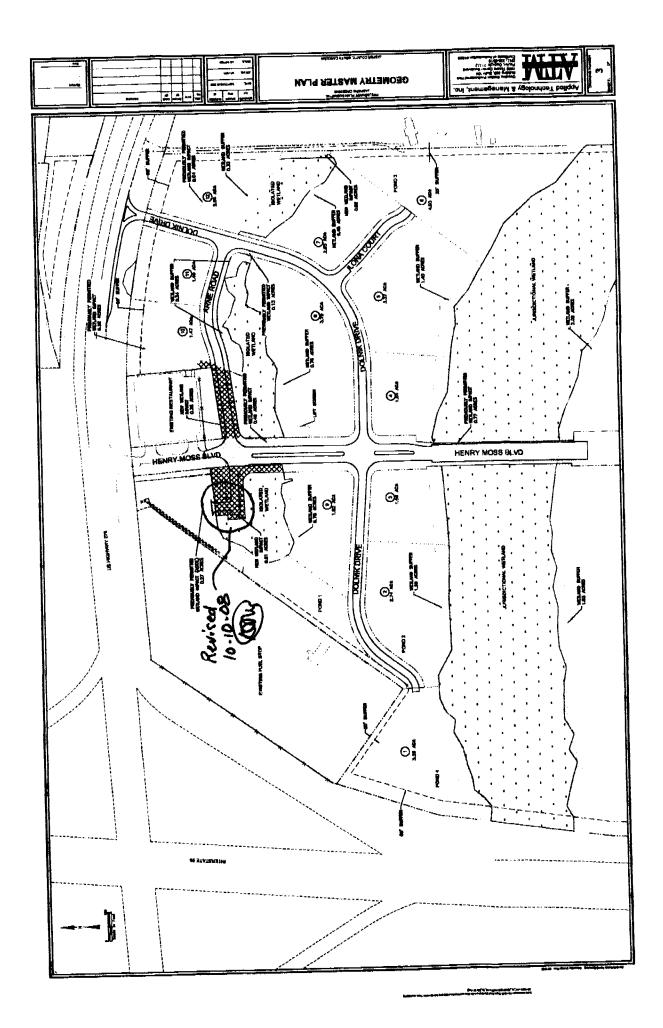
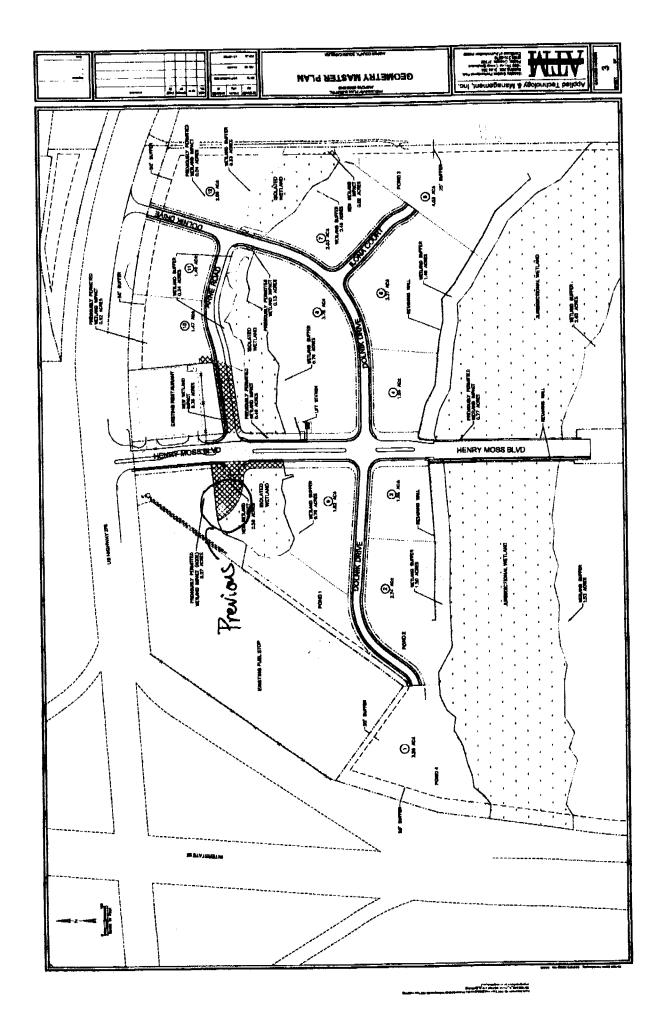
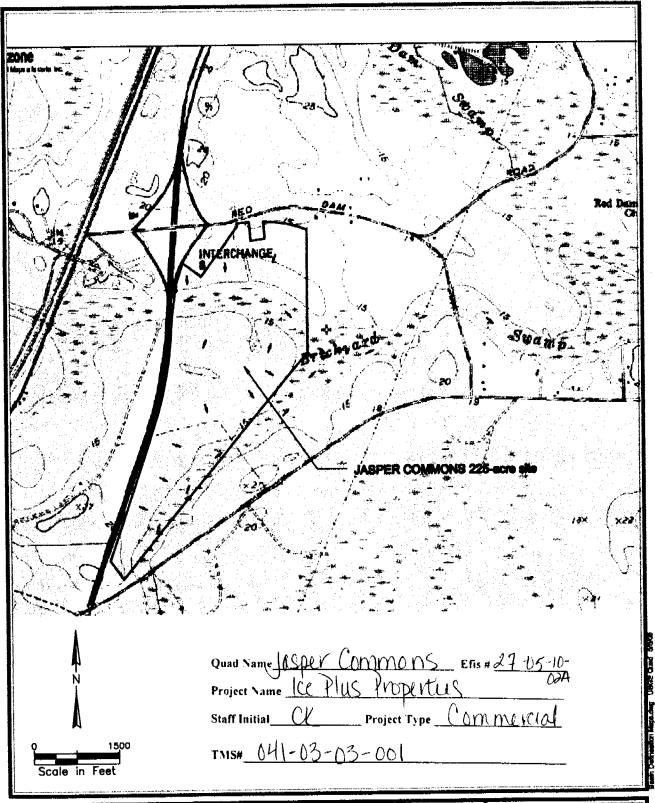
Notice of Intent (NOI) for Stormwater **Disch**arges from Large and Small Construction Activities #11 0 1 2008 NPDES General Permit SCR100000 For official use only CHARLESTON OFFIC 37.05 1643/19 られるない Public Notice Staff ANOT constitutes notice that the entity identified in Section Lintends to be authorized under SCR100000. Instructions on page 5. Date: 04-01-2008 County: Jasper Project/ Site Name: Ice Plus Properties Logging Roads Do you want this project to be considered for the Expedited Review Program (ERP)? ☐Yes ☒ No (See instructions.) If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐Yes ☐No Project information
Project Owner/ Operator (Company or person): ice Plus Properties Fax: 973-808-2742 Phone: 973-808-9300 -> Company EIN: 06 - 1663723 Zip: 07006 State: NJ City: W. Caldwell Mailing Address: 555 Passaic Ave. Phone: **973-985-0415** Permit Contact (if owner is company): Tim Dolnik State: Zip: City: Mailing Address: Same as Above Email address (optional): tidolnik@dolnikmamt.com Property Information A. Site Location (street address, nearest intersection, etc.): 1-95 at Hwy 278, Exit 8 Latitude: <u>32 ° 18' 26"</u> N Longitude: -<u>81 ° 3' 26"</u> W City/Town (if in limits): Tax map # (list all): 041-03-03-001 Phone: B. Property Owner: Ice Plus Properties Zip: **29910** City: Bluffton State:sc Mailing Address: 180 Good Hope Ra III. Site Information A. Disturbed area (to the nearest tenth of an acre): 30.6 acres Total area: B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ▼Yes □No Check here if this is the first phase. LCP/ Overall Development Name: Jasper Commons Previous NPDES coverage number: \$CR10 Previous state permit/file number: 27-05-10-02 Completion Date: 03/05/2009 C. Start Date (MM/DD/YYYY): 06/14/2008 D. Is this site located on Indian Lands? ☐ Yes ☑No If yes, name of reservation. Industrial E. Type of Activity (check one): Other: ■ Multi-use (Commercial & Residential) ☐ Residential: Single-family ☐ Institutional ☐ Residential: Multi-family ☐ Site Preparation (No new impervious) F. Are there any flooding problems downstream of or adjacent to this site? ☐Yes ☒No G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP?□Yes ⊠No H. Is any part of the property located inside an MS4 or urbanized area?□Yes ■No If yes, list the MS4 operator or urbanized area name. for or obtained for this site (e.g., RCRA). List all state and federal environmental permits or approvals at DHEC 27-05-10-02, USACUE 2002-1A-003 IV. Waterbody Information A. Nearest receiving waterbody(s)[RWB]: Brickyard Swmp Trib. of New River Distance to nearest RWB (feet): 25 Next/Nearest named RWB: New River Par Classification of nearest RWB: SA Delineated/ Impacts? Amount of impacts On the site? B. 1. Waters of the U.S./ State Identified? X Yes No Yes No 0.770 AC Yes □ No a. Jurisdictional wetlands X Yes No 2.740 AC Yes 🗖 No X Yes 🗀 No b. Non-jurisdictional wetlands Ac Feet Yes No Yes 🗷 No Yes No c. Other Water(s) ラ Nove 2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact. USACOE 2002-1A-003 Compensatory mitigation provided for wetland impacts associated with proposed work by preserving 19.2 acres of wetland on the project site and enhancing 9.4 acres of undisturbed upland with minimum width 50' buffer.

C. Impaired Waterbodies (See instructions.)	· (SW) discharage
List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater will drain and the corresponding waterbody(s). MD-118 Waterbody(s): New River	(344) discridiges
1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? 🗷 Yes 🗖 No	
	ogirment(s)2
b. If yes for 1, list the impairment(s), <u>ng, ro</u> b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment yes E No	DOI:1110111(3) 1
a. If you for h. list the impairment(s) affected by the pollutant(s) referenced in b.	
d. If yes for h. will use of the proposed BMPs ensure that the site's discharges will not contribute	e to or cause
further water quality standard violations for the impairment(s) listed in C? ☐Yes ☐ No 2. Has a TMDL(s) been developed for this WQMS(s)? ☐Yes ☒ No	
a If yes for 2 list the impairment(s).	
b. If yes for 2, has the standard been attained for all impairment(s)?	nairmant(s)2
C. If 10 tol b, will the site's construction discretinges contain any province to	odimieni (s) s
 Yes No d. If yes for c, are your discharges consistent with the assumptions and requirements of the TM 	ALL'S
□Yes □No JUN a a	
D. 1. Are S.C. Navigable Waters (SCNW) on the site? Yes No	
 a. If yes for 1, list the name of the SCNW: b. If yes for 1, will any construction activities cross over or occur in order or fough the SCNV 	v? □Yes □No
c. If yes for hither describe activities	3
d. If yes for b, are the activities in SCNW covered under a DHEC General Peland (Covered under a DHEC General Peland (Cove	TIVI"
 Yes No e. If no for d, has an SCNW permit been applied for or issued for the site? 	ICE
☐ Yes, for all activities ☐ Yes, for some activities ☐ No	<u> </u>
f. If yes for d or e, list permit number(s) and corresponding activities.	
V. Operator Information	DE Y
A. SWPPP Preparer: Time Region P.E. S.C. Registratio	n # 22940
Company/ Firm: Applied Technology and Management	A #:003195 '
Mailing Address: 1000 Towne Center Blvd., Suite 304 City: Pooler State: GA	Zip: <u>31322</u>
Phone: (Day) <u>912-330-0559</u> (Mobile) (Fax) <u>912-330-05</u>	559
Email address (optional):	
B. Operator of Day-to-Day site Activities [ODS#] [Company of person). Dollik wanagement odip	
Mailing Address: 180 Good Hope Rd (ADM) City: Bluffton State: SC	Zip: 299/05
Mailing Address: 180 Goca Hope Rd. 4000 City: Bluffton State: SC	Zip: 299/05
Mailing Address: /80 Goc-1 Hope Rd. ADW City: Bluffton State: SC Phone: (843)540~3740 Fax: (843)545-757-3248 Site Contact (if ODSA is company): Tim Dolnik Phone: (843)54	/A Day
Mailing Address: /80 Goc-1 Hope Rd. 45th City: Bluffton State: SC Phone: (843) 540 - 3740 Fax: (843) 545 - 757 - 3248 Site Contact (if ODSA is company): Tim Dolnik Phone: (843) 54 VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!	10-3740 (ADV
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Mailing Address: /BO Goc. Hope Rd. 1999 Phone: (843)740-3740 Fax: (143)545-151-3248 Site Contact (if ODSA is company): Tim Dolnik VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK! A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are here and made a part of this application. I have placed my signature and seal on the design documen signifying that I accept responsibility for the design of the system. Further, I certify to the best of my belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions SCR100000. (This should be person identified in Section V.A.) Check one. Elengineer Titer B Surveyor Landscape of Chitect WMN. TROMAS ROBERTS, P.E. Printed name of SWPPP Preparer B. Icertify under penalty of law that this document and all attachments were prepared under my direction accordance with a system designed to assure that qualified personnel properly gather and evaluated submitted. Based on my inquiry of the person or persons who manage the system, or those persons of for gathering the information, the information submitted is, to the best of my knowledge and belied and complete. I am aware that there are significant penalties for submitting false information, included fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this sit accomplished pursuant to and in keeping with the terms and conditions of the approved plans and certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant at to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the site at all times for the purpose of on site inspections during the course of construction and to perform the performance.	with submitted ts submitted the submitted knowledge and sof SC, 1976 tons of the submitted to so submitted the submitted the submitted the submitted to so submitted the s
Mailing Address: /BO Goc. Hope Rd. 1998. City: Bluffton State: SC Phone: /By3)540-3740 Site Contact (if ODSA is company): Tim Dolnik VI. Signatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are here and made a part of this application. I have placed my signature and seal on the design documen signifying that I accept responsibility for the design of the system. Further, I certify to the best of myl belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions SCR100000. (This should be person identified in Section V.A.) Check one. Engineer Tier B Surveyor Landscape architect WM. TROMAS DOBERTS, P.E. Printed name of SWPPP Preparer B. I certify under penalty of law that this document and all attachments were prepared under my directic accordance with a system designed to assure that qualified personnel properly gather and evaluat submitted. Based on my inquiry of the person or persons who manage the system, or those persons differ gathering the information, the information submitted is, to the best of my knowledge and belie and complete. I am aware that there are significant penalties for submitting false information, included fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this sit accomplished pursuant to and in keeping with the terms and conditions of the approved plans and certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant a to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the site at all times for the purpose of on site inspections during the course of construction and to perfections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg.	with submitted the submitted knowledge and sof SC, 1976 tons of the information in the the information in the the information rectly responsible of, true, accurate, ding the possibility e shall be SCR100000.1 also uthorization to the teright of access to form maintenance 61-9 for signatory







ATTA	
APPLED TECHNOLOGY & NAMACEMENT, NO	
360 Concord St., #300 Charleston, SC 29401	
(843) 414-1040	175.0

EXHIBIT 2

JASPER COMMONS USGS QUAD MAP JEGS TOPO MAP REFERENCE: http://www.topozone.com/viewmaps.asp

REVISIONS	JOB NO:	CHECKED BY:
	DATE:	DRAWN BY:
	SCALE:	SHEET: